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CONFIRMATION NO. 5422

SERIAL NUMBER 10/814,610	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 8627-190	
APPLICANTS Darin G. Schaeffer, Bloomington, IN; <i>cm</i>					
** CONTINUING DATA ***** <i>cm</i> This application is a CIP of 10/267,576 10/08/2002 PAT 6,786,922					
** FOREIGN APPLICATIONS ***** <i>cm none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/23/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>cm</i> Examiner's Signature <i>[Signature]</i> Initials <i>cm</i>		STATE OR COUNTRY IN	SHEETS DRAWING 8	TOTAL CLAIMS <i>20</i>	INDEPENDENT CLAIMS <i>4</i>
ADDRESS 757					
TITLE Stent with ring architecture and axially displaced connector segments					
FILING FEE RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		